2026

PREVENTION IN SCOTTISH PUBLIC SERVICE REFORM

Two Concepts, One Word: The Christie Definition, the Public Health Model, and their Implications in the Aftermath of the 2026 Scottish Election

Des McNulty

enlighten
Scotland's independent think tank

DES MCNULTY

Des is Chair of the Advisory Board at the Local Policy Innovation Partnership Hub at the University of Birmingham. He was previously Chair of the Finance Committee in the Scottish Parliament and Minister for Social Justice. Subsequently he was Assistant Vice-Principal for economic development and civic engagement at the University of Glasgow.

ENLIGHTEN

Enlighten, a charity registered in Scotland, is a public policy institute which works to promote increased economic prosperity, opportunity for all, and more effective public services. Enlighten is independent of political parties and any other organisations. It is funded by donations from private individuals, charitable trusts and corporate organisations. Its Director is Chris Deerin and Alison Payne is the Research Director. Both work closely with the Trustee Board, chaired by Lord Jack McConnell, which meets regularly to review the research and policy programme and carry out their legal responsibilities.

BOARD OF TRUSTEES

Rt Hon Lord McConnell of Glenscorrodale (Chair)

Lynn Brown

Sandy Kennedy

Stewart Langdon

Anna Macdonald

Liz McAreavey

Gareth Williams

EXECUTIVE SUMMARY

The appointment of Ivan McKee MSP as Cabinet Secretary for Public Service Reform signals that, driven by financial and demographic pressures, public service reform has risen to the top of the Scottish political agenda following the May 2026 election. However, there is considerable confusion about what is intended. Before the election, the Scottish Government adopted a different definition of prevention in draft guidance from the definition used by Christie. While this was presented as a technical or analytical change to improve budget transparency, it has had real consequences for accountability, resource allocation and policy, including tackling child and family poverty.

The Christie Commission (2011) called for *a wholesale systemic and political reorientation of public services*: **a shift towards a holistic person-centred approach, redistribution of power to communities and elimination of the underlying conditions generating demand. The Scottish Government's redefinition, if implemented, could have the effect of mitigatory and reactive spending being labelled preventative without requiring the structural transformation Christie deemed necessary.**

The public health primary/secondary/tertiary framework adopted in the Preventative Spend Guidance is a *budget classification instrument*. It is a legitimate and useful tool for its stated purpose — enabling budget-wide visibility of prevention activity for the first time, facilitating comparability across portfolios and organisations, and being practically usable within existing finance systems. These are not trivial attributes. **But what it makes visible is not the same as what Christie said mattered.** Classification is not transformation. And when classification is mistaken for transformation, it makes the existing system *look* more preventative while insulating politically driven programmes and 'as is' ways of working from difficult questions around effectiveness and value for money.

The implications for child poverty policy are the most concrete illustration. Scottish Child Payment (SCP) is the primary instrument of the Scottish Government's tackling child poverty strategy, but it does not meet Christie's definition of prevention. Under a rigorous application of the public health model applied to child poverty as the outcome, SCP — which seeks to reduce poverty by increasing income from benefits — is most accurately classified as acute/responsive spend. In an era of tight finances, the most recent delivery plan (Bringing Hope, Building Futures 2026) introduces some Christie-aligned elements but these are dwarfed by expenditure on SCP which, as it increases, risks crowding out more targeted investments — aligned to Christie's vision — that focus resources on child development and services addressing the needs of the most vulnerable families.

This report makes four recommendations. The first two address immediate policy and scrutiny needs; the latter two are deliberately ambitious. These include a Structural Prevention Test for major spending decisions and a Christie-Aligned Indicators Framework to sit alongside the budget classification tool.

1. INTRODUCTION

The word ‘prevention’ is one of the most frequently invoked terms in Scottish public policy. Since the Christie Commission report in 2011, it has appeared in successive Programmes for Government, the National Performance Framework, the Population Health Framework, various sectoral strategies and most recently in the Public Service Reform Strategy.[1] Yet, although the demographic and service pressure trends identified in his report have become more pressing, implementation of Christie’s vision for the necessary reform of future service delivery has scarcely begun.

Eighteen workstreams, grouped under three pillars (prevention, joined up services and efficient services) and four foundations (leadership and cultural change, accountability and incentives, empowering people place and communities and ensuring the right delivery landscape) have been set up under the strategy, suggesting that there will be greater urgency. This report focuses on **the definition of prevention set out in the Scottish Government’s Preventative Spend Guidance, which is not the same as what Christie meant by prevention.** Christie’s report called for a wholesale reorientation of public services away from reactive, siloed crisis management toward empowerment, partnership, and the elimination of the structural conditions that generate demand for services.[2] The definition adopted in the Preventative Spend Guidance uses a model derived from public health epidemiology, classifying interventions according to when in the ‘formation of a problem’ they occur.[3] These are not interchangeable conceptions of prevention. Their conflation obscures the Christie implementation gap identified by Audit Scotland and others and enables continued investment in mitigatory rather than transformative approaches to be labelled ‘preventative’.

Two important qualifications before proceeding. First, the public health derived model has genuine analytical strengths, examined in Section 3. Adoption of the Preventative Spend Tool can be seen as a genuine contribution to budget transparency. The argument here is not that the tool is worthless but that it is insufficient as a mechanism to take forward the public service reform agenda. Second, Christie’s framework has limitations as an operational guide: it does not easily translate into budget line classifications, and its prescriptions for empowerment and transformation are demanding. The concern is whether the definitional shift makes it easier to avoid those prescriptions, and whether interchangeable usage will cause confusion or weaken accountability.

2. THE CHRISTIE COMMISSION DEFINITION OF PREVENTION

2.1 The Original Formulation

The Christie Commission (2011) was established to examine whether Scotland's public services were fit to meet coming challenges.[4] Its central diagnostic finding was stark: 'the demand for public services is set to increase dramatically — partly because of demographic changes, but also because of our failure up to now to tackle the causes of disadvantage and vulnerability, with the result that huge sums have to be expended dealing with their consequences.'[5] The Commission structured its reform programme around **four pillars: prevention, partnership, performance, and people**. Prevention was the first and most fundamental. Crucially, the pillars were interdependent: the other three — partnership, performance, and people — are the mechanisms by which genuine prevention is operationalised. The budget classification tool addresses the prevention pillar alone. Even then it does so only in the Scottish Government's redefined form, leaving the other three pillars without any equivalent accountability mechanism.

Christie defined the preventative imperative in three overlapping ways. First, **an investment logic**: resources devoted to preventing problems from arising are more efficiently deployed than resources devoted to managing their consequences. The Commission estimated that up to 40 per cent of public service spending went on dealing with consequences of preventable problems, although that figure has not been empirically verified.

Second, and more fundamentally, prevention was about **structural transformation**. Fragmentation, siloed working, and reactive orientation were not just inefficient — they were actively harmful, often perpetuating the disadvantage they were meant to address. Genuine prevention requires services to be reorganised around people and communities, with decision-making at the lowest appropriate level.

Third, Christie's prevention was explicitly linked to **empowerment**: 'services should empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.'[6] Prevention meant building the capability and resilience of individuals and communities to the point where they were less dependent on public services — not merely intervening earlier in the trajectory toward crisis.

2.2 Prevention as Institutional and Political Change

Christie's vision of prevention is aligned with a theory of institutional change. It requires not just resource reallocation but a redesign of governance, culture and accountability across public services. The subsequent Public Service Reform Strategy (June 2025) reaffirmed Christie's principles but acknowledged that systemic barriers — including short-term funding cycles, siloed budgets, and lack of shared data infrastructure — have limited their implementation. [7]

The specific policy recommendations Christie attached to its prevention pillar were extensive and go significantly beyond any simple 'spend money upstream' formulation. They included requirements not only that all public bodies demonstrate how their spending plans prioritise prevention and early intervention but also the development of shared outcome frameworks across services; systematic joint working arrangements between health, social care, education, justice and other services; and a substantial redistribution of decision-making authority to local partnerships and community bodies.

Five specific areas where Christie principles apply directly to child poverty policy can be identified: prevention versus mitigation; competition between cash transfers and preventative services; increased partnership and service integration; shifts in service design towards person-centred and place-based delivery; and empowerment and agency rather than income supplementation alone.

The 2026 Scottish Parliament election campaign illustrated precisely the political dynamic that makes the definitional shift so consequential. Despite warnings from the Scottish Fiscal Commission, IFS and other reputable experts that existing commitments were unsustainable, parties competed on spending promises rather than engaging with the need for structural reform. In that environment, a classification tool that allows existing programmes to be labelled preventative without requiring structural change serves a clear political function: it sustains the language of Christie while deferring his demands.

3. THE PUBLIC HEALTH PREVENTION MODEL: STRENGTHS AND LIMITS

3.1 Origins and Structure

Public health medicine has long employed a tripartite model of prevention derived from epidemiology: primary prevention (population-level action before a problem arises), secondary prevention (early identification once a risk has emerged), and tertiary prevention (action once a problem exists to prevent it worsening or recurrence). This classification, traceable to Leavell and Clark in the 1950s, has been adopted internationally[8].

The Scottish Government's Preventative Spend Guidance uses this tripartite framework as its central organising principle. It also introduces a four-way activity-type classification: preventative, enabling, acute/responsive, and general service/other[9]. The model has three strengths that help explain why governments might choose tools like this rather than more demanding frameworks such as Christie[10]. **First,** it enables budget-wide visibility for the first time. Previously, there was no systematic way to understand what proportion of the Scottish Budget was directed toward earlier versus later intervention. The £12.4 billion allocated to NHS territorial boards, for example, includes everything from emergency surgery to community health promotion, with no consistent method for disaggregating these. **Second,** it facilitates comparability across portfolios and organisations using shared classification aligned with CIPFA guidance[11]. **Third,** it is usable within existing finance systems in a way that Christie's framework, which does not map neatly onto budget line classifications, is not.

3.2 What the Model Makes Visible Is Not What Christie Said Mattered

Here is the critical limitation: what the tool makes visible is not the same as what Christie argued needs to change. The tool classifies *when* an intervention occurs in the problem-formation cycle. Christie was concerned with *how* services are organised, who holds power, and how individuals and communities can be equipped to shape their own lives. These are orthogonal questions.

The Marmot framework, which version 2.0 of the Preventative Spend Guidance (March 2026) uses as an organising reference for its outcomes mapping, provides a well-evidenced account of the social and economic determinants of health inequalities. But while Marmot identifies the building blocks of health and wellbeing, it does not address the governance structures, professional cultures, and accountability arrangements that Christie argued needed to change. Alignment with Marmot therefore does not bridge the gap between the budget classification tool and Christie's reform programme.

The more developed outcomes dimension allows budget lines to be tagged against twelve outcome areas — including employment and job quality, income inequality and poverty, secure and safe housing, healthy children and adults, connected societies, and climate change — and mapped against Marmot Principles, risk/protective factors, and preventable drivers of demand[12]. The tool is being piloted with several Scottish local authorities who are being asked to test an evidence-scoring mechanism. This is an important elaboration on the earlier version. But the guidance is frank: classification remains 'based on the intent of a policy' rather than evaluation evidence, and outcome assessment is described as a 'subjective exercise' for which supporting evidence may not always be available.

The Scottish Government guidance is aligned with CIPFA guidance, while flagging some minor differences — most notably that the Scottish Government retains a separate 'acute/responsive' category rather than combining it with a wider 'not preventative' category. The CIPFA framework also includes a 'primordial' prevention category (addressing underlying societal and environmental conditions) that the Scottish Government omits for simplicity, though the Guidance notes that users may separate it out from the primary category if they wish[13]. The CIPFA framework is explicitly a measurement tool, not a mechanism for delivering institutional transformation. The problems arise when the analytical tool is treated as *equivalent to* advancing Christie's reform principles.

4. KEY DIFFERENCES BETWEEN THE TWO CONCEPTIONS

4.1 Structural Transformation versus Budget Classification

The most fundamental difference lies in scope and ambition. Christie's prevention requires not just a different pattern of spending but a different kind of institution: one that redesigns its own governance, culture and accountability structures, reorients professional practice, and redistributes power toward communities. The public health model, by contrast, classifies what is in the budget according to where in the problem-formation cycle the activity falls. It demands nothing of governance, commissioning culture, or the distribution of power.

Audit Scotland's 2022 briefing on child poverty questioned whether sufficient resources were being redirected toward preventative services 'using Christie's definition'[14]. As Thompson (2026) has pointed out[15], there are three different senses in which 'prevention' is used in the context of tackling child poverty: preventing adverse outcomes downstream from poverty; preventing child poverty itself; and preventing the drivers of child poverty. This differs not only from Christie but also from the primary/secondary/tertiary distinction in the Preventative Spend Guidance. The potential for confusion arising from these multiple interpretations is a serious analytical and accountability problem.

Further precision is needed on measurability. Christie's framework raises questions that are genuinely difficult to operationalise: how does one quantify 'empowerment'? How does a budget classification system capture the quality of partnership working, or the degree to which decision-making has genuinely moved to the lowest appropriate level? These measurement challenges are real, and they help explain the preference for the public health tool. But their difficulty does not dissolve the underlying distinction between what Christie recommended and what the Preventative Spend Tool measures — and this report's positive model in Section 7 proposes practical approaches to that measurement challenge.

4.2 Mitigation versus Prevention: The Tertiary Prevention Problem

Under the public health model, intervening once a problem exists to prevent it worsening counts as tertiary as opposed to primary or secondary prevention. Under Christie's definition, such activities are not 'preventative' — they are responses to problems that should not have arisen if appropriate systems had been in place. As the SPICe blog accompanying SB 26-22 observes, drawing on Fraser of Allander Institute analysis: *whether social security counts as 'prevention' depends entirely on what one is trying to prevent*. The choice of objective — and therefore the definition of what counts as prevention — has direct and profound implications for how budgets are classified and where resources are directed. In their work, McKendrick and Sinclair identify several different ways in which poverty can be tackled, classified according to the purpose of the activity[16]:

- **Mitigation.** Work that reduces the impact of poverty (but does not necessarily remove people from poverty).
- **Prevention.** Work that stops people from falling into poverty.
- **Direct Reduction.** Work that lifts people out of poverty by increasing income
- **Enabling Reduction.** Work that lays the foundation for people to remove themselves from poverty.
- **Improve Service Delivery.** Improves how a service is delivered
- **Enhance Understanding.** Work that improves our understanding of poverty

- **Awareness.** Work that makes others more aware of poverty

Under this framework, Scottish Child Payment falls in the 'Direct Reduction' category — lifting people out of poverty by increasing income — rather than in the 'Prevention' category. This is not a trivial distinction: it directly affects whether, under Christie's definition, SCP should be counted as part of a preventative public service reform strategy at all, and whether it competes with or complements the preventative investment Christie envisaged.

4.3 Empowerment, Agency, and Capability

Christie's prevention was explicitly about building capability and agency. This capability-building dimension is largely absent from the public health classification, which makes no distinction between interventions that leave people better equipped to manage their own lives and those that simply reduce a measurable risk factor or ameliorate an adverse outcome without affecting underlying capability.

Evidence suggests that Scottish Child Payment, an income supplement provided by national government, needs to be accompanied by more targeted capability-building undertaken by local government, statutory agencies and voluntary sector providers — interventions that help build family resilience, agency, and the skills to escape poverty sustainably. The Scottish Government's former child poverty adviser, Naomi Eisenstadt, argued that investment in universal high-quality early childhood education and support for at-risk or vulnerable families would achieve better results than benefits-linked cash transfers unconnected to service delivery. International evidence from Denmark and the Netherlands, and from UK initiatives such as Sure Start, supports that view[18].

The third Tackling Child Poverty Delivery Plan ('Bringing Hope, Building Futures', March 2026) adds, to the three themes in earlier plans (i) increasing earned incomes, (ii) reducing costs of living and (iii) maximising income from social security, a fourth Christie-aligned theme, supporting children and families to thrive. It commits to expanding the Family Nurse Partnership, funding Whole Family Support, and introducing a Scottish Child Payment premium of £40 per week for families with children under one from 2027-28. These are positive steps towards prevention, but they remain modest in financial terms relative to the scale of investment in themes two and three, which under a rigorous interpretation of the public health derived guidance would be classified as acute/responsive spend rather than as preventative in the Christie sense[17].

4.4 The Place-Based and Partnership Dimensions

Christie's prevention was inseparable from partnership working and place-based delivery. The public health model can be applied to any individual budget line in isolation; it does not inherently require joint working, integrated commissioning, or community co-design.

Glasgow's approach to tackling child poverty — through the Child Poverty Pathfinder, the 'No Wrong Door' network, and the integrated local services plan — demonstrates what Christie-aligned prevention might look like in practice: multi-agency teams, co-designed interventions, place-based targeting, and a focus on the full range of factors (housing, employment, health, education, family functioning) that shape children's outcomes[19]. This approach is not easy to capture through a national budget line classification system and there is a risk that introduction of a national system could stifle local innovation by imposing additional reporting controls. There is a grave risk also that cuts to funding for Councils, NHS Boards and their partner organisations will undermine the capability to transform service design and delivery at local level.

5. WHY THE DEFINITIONAL SHIFT IS BEING ADOPTED: POLITICS AND PRACTICALITIES

5.1 Who Benefits from the Definitional Shift?

The reasons for adopting the public health model are not purely technical. In practice it facilitates: (i) counting existing and projected spending as preventative without changing service models; (ii) deferral of difficult reallocations from acute to preventative services; and (iii) insulation of politically sensitive programmes, including Scottish Child Payment, from the scrutiny that implementing Christie's framework would generate, while maintaining rhetorical commitment to his version of prevention.

It also benefits finance departments. A budget classification system can be developed, piloted, and extended without requiring the kind of cross-agency negotiation and institutional redesign that Christie's structural recommendations would entail. It can be built within existing frameworks and generates accountability data without creating new legal or contractual obligations.

What the shift **avoids** is equally revealing. Christie's vision requires: a fundamental challenge to the dominance of acute (hospital) spending over primary care within NHS budgets; a redistribution of resources from national programmes to local partnerships; and a reorientation of the child poverty strategy from the current emphasis on income transfers towards capability-building and preventative support for those in deepest poverty and at greatest risk. These are politically contentious decisions.

5.2 The Fiscal Sustainability Rationale

The Public Service Reform Strategy (June 2025) identifies a projected gap of 11.1 per cent in the Scottish Government's budget by 2029/30[20]. The Spending Review 2026 reaffirms the Government's commitment to redesign its approach to identifying, tracking and monitoring preventative spend and sets out how this will be utilised in future budget processes. In that context, the Preventative Spend Tool serves two budget management functions: (i) providing a diagnostic baseline for tracking shifts in spending patterns over time, and (ii) creating accountability incentives by requiring budget-holders to articulate preventative intent. Neither function addresses the underlying mismatch between spending commitments and available resources. That challenge will require something more than better data: honest reflection on why the Christie reform programme has stalled, a willingness to restructure services, and political courage to make difficult decisions about priorities.

5.3 The Tractability Problem and Operational Constraints

Scottish Government budget allocations are organised by portfolio rather than outcome, and even the most detailed published budget lines give little indication of the actual purpose of spending. The Preventative Spend Tool addresses this tractability problem through a top-down assessment approach that can be completed quickly[21], using existing structures for reporting financial data and accepting that this may not achieve the specificity of a bottom-up approach. For aggregate lines, the Guidance's apportionment mechanism allows a single budget line to be split across multiple prevention categories using proportional estimates — an important tool for achieving analytical granularity without requiring full bottom-up reconstruction of budgets.

The SPICe blog accompanying SB 26-22 identifies three structural barriers to Christie implementation: the 'wrong pocket' problem (misalignment between who invests and who captures savings); the difficulty of justifying preventative investment against short-term acute service pressures; and constraints on ring-fencing prevention spending created by the Verity House Agreement and UK public expenditure frameworks[22]. The Verity House Agreement, which devolves more decision-making to local government, is in principle compatible with Christie's emphasis on subsidiarity — and could be a vehicle for genuine structural prevention if accompanied by adequate resources and shared accountability frameworks. The 'wrong pocket' and short-term pressures problems, however, remain significant structural obstacles that require deliberate fiscal design to address.

5.4 The Double Funding Problem

Shifting resources toward prevention requires accepting a period in which costs are incurred for new preventative approaches while the existing caseload for reactive services continues generating demand and cost. This is not merely theoretical: seven Scottish NHS health boards were given £230 million in bailout loans despite record funding levels, illustrating the very real pressure that reactive demand places on finances and the genuine difficulty of transition[23]. The public health derived model, by counting tertiary prevention as preventative spending, partly alleviates this tension by allowing reactive spending to be reclassified as prevention without any actual change in the service model. The Christie approach, by contrast, creates an explicit demand for the resource reallocation that generates the double funding problem.

5.5 The Governance Culture Problem

In past years, the downward shift in political accountability that Christie's framework was designed to create has been confounded by national politicians imposing additional duties via legislation and guidance without taking account of the administrative and financial burden on delivery bodies. Ministers generate initiatives for which they claim credit, civil servants in turn feel obliged to micromanage, leaving local authorities and their partners to piece together funding for vital services from different pots of money, many of them small and each with different timescales, requirements and reporting arrangements. Reversing this top-down approach to policymaking and budgeting might be the most significant change Mr McKee in his new role could make. The obstacles to changing the political and civil service culture that has evolved over two decades at Scottish level are, however, considerable.

6. IMPLICATIONS

6.1 Definitional Displacement and Weakened Accountability

If the public health derived definition were to displace the Christie approach in the Scottish budget context rather than supplementing it, the incentives for institutional transformation, partnership working, or community empowerment would be weakened. The Preventative Spend Tool might create a useful financial accountability mechanism, but only if the data it generates is used alongside other reporting mechanisms to inform budget decisions and link them to transformational change, rather than simply describing existing patterns.

6.2 Implications for Child Poverty Policy

Resources have been channelled towards Scottish Child Payment and related schemes delivered through Social Security Scotland. By 2024, SCP was estimated to reach approximately 37 per cent of families with children, including many not in poverty[24]; the most recent delivery plan ('Bringing Hope, Building Futures', 2026) estimates that Scottish Government policies will keep 100,000 children out of relative poverty in 2026-27. This approach is driven by legislative targets focused on family income thresholds. In an era of tightening finances, there are real trade-offs between this and other policy priorities, even in relation to tackling child poverty.

Evidence suggests that effective strategies for supporting children and families in persistent or deep poverty would involve: pregnancy and early years services improving child development; support for parenting capacity, especially in families affected by trauma; integrated, place-based approaches in areas of multiple deprivation; employability support helping parents achieve sustainable exit from poverty; and multi-agency working addressing the full range of factors — including housing, mental health, substance use and domestic violence — that trap many of these families in or near the point of destitution. These approaches, which under current arrangements compete for diminishing resources with a politically visible cash transfer programme, are what Christie meant by prevention.

6.3 Accountability and Scrutiny Gaps

The SPICe briefing SB 26-22 notes that responsibility for scrutinising prevention at a national level has not been resolved. In Session 6, multiple committees received questions about prevention without clear delineation of oversight. If committee responsibilities now track Ministerial portfolios, that may be less fragmented in Session 7. The Preventative Spend Tool's timeline — a comprehensive understanding of preventative spend by Summer 2026, integration into annual reporting by December 2026 — in theory gives the incoming Session 7 Parliament an opportunity to scrutinise prevention spending more systematically. Whether this will be sufficient to drive the structural transformation Christie envisaged is, however, a much larger question.

7. CONCLUSIONS, POSITIVE MODEL AND RECOMMENDATIONS

This paper has argued that there is a significant and consequential difference between the Christie Commission's concept of prevention and the public health tripartite model adopted in the Preventative Spend Guidance. Christie's prevention was a programme of structural transformation — requiring redesign of governance, culture, accountability, and resource allocation across public services, with empowerment of individuals and communities at its heart. The public health derived model is an analytical framework that classifies existing and projected expenditure by its position in the problem-formation cycle.

The public health model has some genuine analytical strengths. But deploying it as a substitute for Christie's public service reform agenda — whether deliberately or inadvertently — would make structural transformation harder to implement and fail to address the substance of Christie's diagnosis. Scotland is fiscally highly constrained, and a Christie-aligned system for the 2026-2031 session could not deliver the wholesale institutional revolution the Commission envisaged in 2011. But it should look materially different from the current system in three concrete respects.

7.1 Decision-Making: The Structural Prevention Test

Christie-aligned decision-making would require, for all major spending commitments at national level above a given threshold (say, £50 million), explicit engagement with three questions: Does this shift power or control toward communities? Does it build capability rather than manage dependency? Does it disrupt or reinforce existing silo structures? If the answer to all three, or even two out of three, is 'no', spending should not be classified as preventative in the Christie sense, regardless of where in the problem-formation cycle it intervenes.

A Structural Prevention Test of this type would not replace the budget classification tool; it supplements it. Alongside it, there needs to be a parallel focus on building capacity at local authority and community level for evidence-based prevention, shifting the locus of knowledge and decision-making downwards from central government rather than just monitoring national spend using a budget classification tool.

7.2 Measurement: Christie-Aligned Indicators

A Christie-aligned system would develop a parallel set of indicators that track what budget classification cannot: the quality of partnership working; the degree of community involvement in service design; the proportion of spend in each local authority or health board area governed through genuine co-production arrangements; and progress on building community capability and reducing service dependence over time.

These indicators would sit alongside the Preventative Spend Tool, not replace it. They should be the instruments through which the Session 7 Parliament assesses whether the system is moving toward Christie as well as whether it is becoming more 'upstream' in the epidemiological sense.

7.3 Resource Allocation: Ring-Fencing Christie-Aligned Spend

A Christie-aligned system would require, as a condition of continued classification as preventative, that a specified proportion of resources within each portfolio be demonstrably allocated to spending that meets the Structural Prevention Test. This need not be a large proportion in the first instance — even 10 per cent of preventative spend, however classified, made subject to the stricter test would represent a significant step change.

7.4 What Would Shift in the Next Five Years?

In a Christie-aligned system, by the mid-point of the Parliamentary session we might expect to see: integrated place-based prevention hubs in at least a dozen of Scotland's most deprived localities, with more to follow; a measurable shift in the proportion of child poverty strategy resources devoted to capability-building services; a scrutiny mechanism with the authority and data to assess structural prevention progress; and evidence of reduced demand for reactive services in pilot areas. Alongside the Preventative Spend Tool, different structural mechanisms are needed — the test, the indicators, the ring-fenced resource — that give Christie's principles real operational force.

8. RECOMMENDATIONS

Recommendation 1: The Scottish Government should be explicit, in its use of the Preventative Spend Tool and in its public communications, that the primary/secondary/tertiary classification is a budget analysis instrument and does not constitute a comprehensive implementation of Christie's prevention principles. Structural, partnership, empowerment, and place-based dimensions require separate accountability.

Recommendation 2: The outcomes framework in v2.0 of the Preventative Spend Guidance provides a better basis for connecting budget analysis to substantive prevention goals than the activity-type classification alone. The evidence-scoring system currently being piloted should be a central part of the tool's use in budget decision-making — not an optional add-on. Critically, the Scottish Government should specify explicitly, for each major area of prevention spend, what problem is being prevented and how progress will be measured. Different objectives (reducing poverty, preventing poor educational outcomes, preventing demand for health services) generate different assessments of what constitutes primary, secondary or tertiary prevention, and different resource allocation priorities. This definitional ambiguity must be resolved before the tool can serve as an effective decision-making instrument.

Recommendation 3 (Ambitious): For all major spending decisions above £50 million to be classified as preventative, the Scottish Government should introduce a Structural Prevention Test requiring explicit answers to three questions: Does this shift power or control toward communities and individuals? Does it build capability rather than manage dependency? Does it challenge or reinforce existing silo structures? Spending that cannot answer 'yes' to at least two of three should not be classified as preventative in the Christie sense. The test should be piloted in the 2027-28 Budget cycle alongside the Preventative Spend Tool.

Recommendation 4 (Ambitious): Alongside the budget classification tool, the Session 7 Parliament should commission the development of a Christie-Aligned Indicators Framework, applying to local as well as national government and to agencies, that tracks: quality of cross-sector partnership working; proportion of spend subject to genuine community co-design; measurable changes in community capability and service dependence in targeted areas; and progress on resource reallocation from mitigatory to transformative approaches. The framework should report annually to a committee scrutiny mechanism (ideally cross-committee) with explicit authority over prevention performance. This parliamentary scrutiny function — assessing not just whether spending is 'upstream' but whether it is genuinely transformative — is what Christie's framework was always intended to create.

Taken together, these recommendations do not overtake the Preventative Spend Tool. They create the conditions under which the questions Christie asked — about power, transformation, and genuine prevention — can finally be asked through scrutiny of the Scottish Budget. Christie's pillars — partnership, performance and people as well as prevention — require genuine transfer of responsibility downwards. There is a risk that introducing the Preventative Spend Tool as an accountability mechanism reinforces rather than dilutes the tendency of central government to micromanage. The political opportunity created by the 2026 election and the appointment of a dedicated Cabinet Secretary for Public Service Reform is real but time limited. The test is whether the incoming Government uses that window to ask harder questions than its predecessor was willing to ask — or whether the Preventative Spend Tool becomes another mechanism through which difficult structural choices are deferred rather than confronted.

ENDNOTES

1. Scottish Government (2011) Commission on the Future Delivery of Public Services (Christie Commission). Edinburgh: Scottish Government. The term 'prevention' features in all subsequent Programmes for Government from 2012 to 2025 and in the Population Health Framework (2023), the National Performance Framework (2018, under revision 2026), and the Public Service Reform Strategy (2025).

2. Dvorak, O. (2026) Prevention: The urgent topic of the last decade. SPICe Spotlight blog, 25 March 2026, accessible at spice-spotlight.scot.

3. Scottish Government (2026) Preventative Spend Tool v2.0 Guidance, 'Principles underlying our approach.'

4. Christie Commission (2011) Commission on the Future Delivery of Public Services. Edinburgh: Scottish Government.

5. Christie Commission (2011) op. cit. The quoted passage appears in the executive summary.

6. Christie Commission (2011) op. cit., Chapter 5, 'Empowering Communities and Individuals.'

7. Scottish Government (2025) Public Service Reform Strategy.

8. Leavell, H.R. and Clark, E.G. (1958) Preventive Medicine for the Doctor in His Community, 2nd edn. New York: McGraw-Hill.

9. Scottish Government (2026) Preventative Spend Tool v2.0 Guidance, Figure 3, 'Classification of Activity Type.'

10. Scottish Government (2026) Preventative Spend Tool v2.0 Guidance, Introduction, 'Why has this tool been developed?'

11. Scottish Government (2026) op. cit., 'Alignment with other Preventative Spend Tools.' The CIPFA guidance referenced is: CIPFA (2025) Understanding Preventative Investment.

12. Scottish Government (2026) op. cit., Step 3, 'Outcomes of Spend,' Figure 7.

13. CIPFA (2025) Understanding Preventative Investment.

14. Audit Scotland (2022) Briefing: Tackling Child Poverty. Edinburgh: Audit Scotland.

15. Thompson, S. (2026) Assessing the tackling poverty agenda: the role of prevention. Scottish Health Equity Research Unit, University of Strathclyde.

16. Scottish Poverty and Inequality Research Unit. Tackling Poverty Locally Directory. Glasgow Caledonian University.

17. Scottish Government (2026) Preventative Spend Tool v2.0 Guidance, Step 2, 'Identifying the level of prevention.' Version 2.0 does not classify SCP, unlike the earlier version of the guidance, although whether it is deemed preventative should logically be determined by reference to the intended outcome, not the instrument type: see also Thompson (2026) op. cit.

18. OECD (2023) Society at a Glance; Heckman, J.J. and Landerso, R. (2022) 'Lessons for Americans from Denmark about inequality and social mobility,' Research in Economics, 76(1), pp.1-14.

19. McNulty, D. (2024) Tackling Child Poverty in Scotland, Enlighten, Edinburgh, drawing on Glasgow City Council (2024) Glasgow's Local Child Poverty Action Report 2023/24.

20. Scottish Government (2025) Scotland's Public Service Reform Strategy: Delivering for Scotland. Edinburgh: Scottish Government. The projected budget gap of 11.1 per cent by 2029/30 is drawn from the same document. The Spending Review 2026 commitment is at Chapter 3, 'Delivering Public Service Reform.'

21. Scottish Government (2026) Preventative Spend Tool v2.0 Guidance, 'Principles underlying our approach to assessing preventative spend.'

22. Dvorak, O. (2026) SPICe Spotlight blog, op. cit., 'Who pays for prevention and how?'

23. Picken, A. (2025) 'Seven health boards given £230m bailout loans despite record funding,' BBC News, 3 December 2025; Scottish Health Equity Research Unit (SHERU) (2025) Prevention Watch, October 2025.

24. Scottish Government (2024) Child Poverty Progress Report; Scottish Fiscal Commission (2025) Economic and Fiscal Forecasts, December 2025.

enlighten
Scotland's independent think tank

June 2026

Contact Information:

Chris Deerin, Director
Email: chris.deerin@enlighten.scot

Alison Payne, Research Director
Email: alison.payne@enlighten.scot

To find out more about the work of Enlighten, visit our website at enlighten.scot.